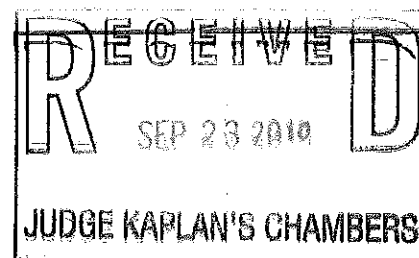
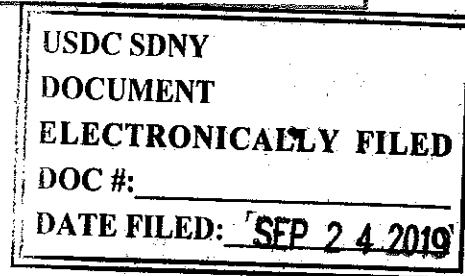


Rory Poole
1/m Reg. No. 72287-054
FCI McDowell
Federal Correctional Inst.
P.O. BOX 1009
Welch, WV 24801



September 17, 2019

Hon. Lewis A. Kaplan
United States District Judge
500 Pearl Street
New York, NY 10007



Re: Poole v. United States
No. 15-cr-0525 (LAK)

Your Honor: Please find enclosed a
completed application & motion
for leave to proceed without prepayment
or costs. I am

Sincerely
Rory Poole # 72287-054
Rory Poole

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RORY POOLE

(Name of Plaintiff or Petitioner)

**MOTION TO PROCEED *IN FORMA PAUPERIS*
AND SUPPORTING AFFIRMATION**

v.

UNITED STATES OF AMERICA

(Name of Defendant(s) or Respondent(s))

I, Rory Poole, (print or type your name) am the plaintiff/petitioner in the above-entitled case and hereby request the Court's permission to proceed *in forma pauperis*.

In support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty I am unable to pay the costs of this action or to give security therefor and that I believe I am entitled to redress.

I further declare that the responses which I have made in this affirmation below are true.

1. Are you presently employed? Yes ☐ No ☒
My Employer's Name and Address is: _____

My Gross Monthly Wages are: \$ _____

If you are not presently employed, state

Your Last Date of Employment: 12/2001

Your Gross Monthly Wages at that time: \$500.00

Is your spouse presently employed? Yes ☐ No ☒

My Spouse's Employer's Name and Address is: _____

My Spouse's Gross Monthly Wages are \$ _____

2. Have you received any money from any of the following sources within the past twelve months:

a. Business, profession or self-employment? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

b. Rent payments, interest or dividends? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

c. Pensions, annuities, disability, or life insurance payments? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

d. Gifts or inheritances? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

e. Child Support? Yes ☐ No ☒

If yes, state amount received each month \$ _____

f. Government Benefits (Social Security, SSI, Welfare, AFDC, Veterans, etc.)? Yes ☐ No ☒

If yes, state source and amount received per month \$ _____

g. Friends, Relatives or any other source? Yes ☒ No ☐

If yes, state source and amount received per month \$ appx. \$100.00

If you have not received any money from any of the above sources, please explain how you are currently paying your expenses:

3. What is your total gross monthly income today: \$ N/A

4. How much cash do you have on hand? \$ N/A

5. How much money do you have in a **checking** account(s)? \$ N/A
6. How much money do you have in a **savings** account(s)? \$ \$ 4,581.57
7. If you are an inmate of a correctional facility, state the amount of funds in your inmate account (**NOTE: prisoners must have inmate account balances certified by an authorized official of the correctional facility and must include a signed Authorization for payment of the filing fee**): \$ 51.57
8. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes ☐ No ☒
If so, describe the property in detail and give an estimated value of the property: _____
- If you own property, are you paying off a loan or mortgage on it? Yes ☐ No ☐ N/A
If yes where are you obtaining the money to make such payments: _____
9. If you are not an inmate, state your **total monthly household expenses**: N/A
Rent or mortgage \$ _____ Food \$ _____ Utilities \$ _____ All other expenses \$ _____
If your monthly expenses exceed the amount of income you listed in # 3 above, please explain how you are paying your expenses

10. List all of the people who are in your household and state the amount of money each one contributes to household expenses each month: N/A

11. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: Jayori Poole (9 yr. old) Daughter

12. Have you been adjudicated bankrupt within the past ten (10) years? Yes ☐ No ☒
If the answer is yes, please include the court and date of filing: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-16-19
(Date)

Roy Poole #1 72287-054
(Applicant's Signature)

PRISON CERTIFICATION SECTION

(Required for Prisoner Requests Only; Prisoner Requests **Must** Have This Section Completed By Prison Official)

I certify that the movant has the sum of \$ 4,631.14 on account to his/her credit at the FCS McDowell Correctional Facility where s/he is currently confined.

I further certify that the movant has the following securities to his/her credit according to the institution's records: _____

I further certify that the movant's average account balance was \$ 4,330.9 during the last six months.

[Signature]
Signature of Authorized Officer of Institution

J. Poole
Print Name of Authorized Officer of Institution

Inmate Inquiry

Inmate Reg #: 72287054 Current Institution: McDowell FCI
 Inmate Name: POOLE, RORY Housing Unit: MCD-B-B
 Report Date: 09/16/2019 Living Quarters: B03-108U
 Report Time: 9:23:48 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 4720
 PAC #: 840793490
 Revalidation Date: 22nd
 FRP Participation Status: Completed
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 6/9/2015
 Local Account Activation Date: 1/25/2019 4:12:19 AM
 Sort Codes:
 Last Account Update: 9/15/2019 6:12:38 PM
 Account Status: Active
 Phone Balance: \$0.17

Pre-Release Plan Information

Target Pre-Release Account Balance: \$20,000.00
 Pre-Release Deduction %: 75%
 Income Categories to Deduct From: ☐ Payroll ☒ Outside Source Funds

FRP Plan Information

| FRP Plan Type | Expected Amount | Expected Rate |
|---------------|-----------------|---------------|
|---------------|-----------------|---------------|

Account Balances

Account Balance: \$4,631.14
 Pre-Release Balance: \$4,581.57
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00

Administrative Hold Balance: \$0.00
 Available Balance: \$49.57
 National 6 Months Deposits: \$1,568.74
 National 6 Months Withdrawals: \$685.60
 Available Funds to be considered for IFRP Payments: \$1,118.74
 National 6 Months Avg Daily Balance: \$4,330.08
 Local Max. Balance - Prev. 30 Days: \$4,638.14
 Average Balance - Prev. 30 Days: \$4,586.08

Commissary History

Purchases

Validation Period Purchases: \$39.00
 YTD Purchases: \$569.40
 Last Sales Date: 9/11/2019 7:46:32 AM

SPO Information

SPO's this Month: 0
 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
 Weekly Revalidation: No
 Bi-Weekly Revalidation: No
 Spending Limit: \$320.00
 Expended Spending Limit: \$39.00
 Remaining Spending Limit: \$281.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
 Restricted Expended Amount: \$0.00
 Restricted Remaining Spending Limit: \$0.00
 Restriction Start Date: N/A
 Restriction End Date: N/A

Item Restrictions

| List Name | List Type | Start Date | End Date | Active |
|-----------|-----------|------------|----------|--------|
|-----------|-----------|------------|----------|--------|

Comments

Comments:

DHO IR#3253764
